

NOTE: Place your cursor on any yellow balloon to view a window which contains an explanation about the item or suggestion of things to consider. You can also double click on a yellow balloon to open the “sticky note window” which provides the same information. To close the sticky note window, click on the icon in the top right hand corner.

MDS 3.0 Items on Pain



Section J Health Conditions



J1. Pain Management (answer for all residents, regardless of current pain level)	
At any time in the last 5 days, has the resident:	
Enter <input type="checkbox"/> Code	a. Been on a scheduled pain medication regimen? 0. No 1. Yes 2.
Enter <input type="checkbox"/> Code	b. Received PRN pain medications? 0. No 1. Yes
Enter <input type="checkbox"/> Code	c. Received non-medication intervention for pain? 0. No 1. Yes



J2. Should Pain Assessment Interview be Conducted? —Attempt to conduct interview with all residents	
Enter <input type="checkbox"/> Code	0. No (resident is rarely/never understood) → Instead complete J8, Staff Assessment for Pain 1. Yes → Continue to J3, Pain Presence



Pain Assessment Interview



J3. Pain Presence	
Enter <input type="checkbox"/> Code	Ask resident: “Have you had pain or hurting at any time in the last 5 days?” 0. No → Skip to J9, Shortness of Breath 1. Yes → Continue to J4, Pain Frequency 9. Unable to answer → Skip to J8, Staff Assessment for Pain

J4. Pain Frequency	
Enter <input type="checkbox"/> Code	Ask resident: “How much of the time have you experienced pain or hurting over the last 5 days?” 1. Almost constantly 2. Frequently 3. Occasionally 4. Rarely 9. Unable to answer

J5. Pain Effect on Function	
Enter <input type="text"/> Code	a. Ask resident: “Over the past 5 days, <i>has pain made it hard for you to sleep at night?</i> ” 0. No 1. Yes 9. Unable to answer
Enter <input type="text"/> Code	b. Ask resident: “Over the past 5 days, <i>have you limited your day-to-day activities because of pain?</i> ” 0. No 1. Yes 9. Unable to answer

J6. Pain Intensity—Administer one of the following pain intensity questions (a or b)	
<input type="text"/> <input type="text"/> Enter Number	a. Numeric Rating Scale (00–10) Ask resident: “Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine.” (Show resident 0–10 pain scale.) Enter two-digit response. Enter 99 if unable to answer.
Enter <input type="text"/> Code	b. Verbal Descriptor Scale Ask resident: “Please rate the intensity of your worst pain over the last 5 days” (Show resident verbal scale.) 1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 9. Unable to answer

J7. Should the Staff Assessment for Pain be Completed?	
Enter <input type="text"/> Code	0. No (resident completed Pain Assessment Interview) → Skip to J9, Shortness of Breath 1. Yes (resident was unable to complete Pain Assessment Interview) → Continue to J8, Staff Assessment for Pain

Staff Assessment for Pain
 Do not conduct if Pain Assessment Interview (J2-J6) completed.

J8. Indicators of pain or possible pain.	
Select all that apply in last 5 days:	
Check all that apply. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	a. Non-verbal sounds (crying, whining, gasping, moaning, or groaning) b. Vocal complaints of pain (that hurts, ouch, stop) c. Facial expressions (grimaces, wincing, wrinkled forehead, furrowed brow, clenched teeth or jaw) d. Protective body movements or postures (bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement) e. None of these signs observed or documented

J0850. Frequency of Indicator of Pain or Possible Pain in last 5 days	
Enter <input type="text"/> Code	Frequency with which resident complains or shows evidence of pain or possible pain 1. Indicators of pain or possible pain observed 1 to 2 days 2. Indicators of pain or possible pain observed 3 to 4 days 3. Indicators of pain or possible pain observed daily